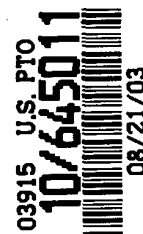


**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

FIRST-NAMED INVENTOR: Dilip Wagle

FOR: Cyanomethyl Substituted Thiazoliums and Imidazoliums and  
Treatments of Disorders Associated with Protein Aging



**MAIL STOP PATENT APPLICATION**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**REQUEST FOR FILING A CONTINUATION PATENT APPLICATION  
UNDER 37 C.F.R. §1.53(b)**

1. This is a request for filing a continuation patent application under 37 C.F.R. §1.53(b). This patent application is a continuation of U.S. Patent Application No. 09/905,035, filed July 13, 2001, which is incorporated herein by reference.
2. This application is a total of 51 pages. This application includes:
  - 41 pages of specification (not including claims, abstract, or figures)
  - 9 pages of claims
  - 1 page of abstract
3. A Declaration/Power of Attorney is enclosed (3 pages).
4. An Information Disclosure Statement (IDS) and PTO-1449 form including references previously disclosed in parent application USSN 09/905,035 is enclosed (6 pages).

5. Fees associated with this application have been calculated as follows:

| CLAIMS AS FILED   |                 |                        |                 |  |  |
|---|-----------------|------------------------|-----------------|--|--|
| Claims  | Number<br>Filed | Basic Fee<br>Allowance | Number<br>Extra | Rate   | Basic Fee<br>37 C.F.R. 1.16(a)<br>\$750.00 |
| Total Claims (37 C.F.R. 1.16(c))                              | 18              | - 20 =                 | 0               | \$18.00                                      | \$0.00                                     |
| Independent Claims (37 C.F.R.<br>1.16(b))                     | 4               | - 3 =                  | 1               | \$84.00                                      | \$84.00                                    |
| Multiple Dependent Claim(s), if<br>any<br>(37 C.F.R. 1.16(d)) |                 |                        |                 | \$280.00                                     | \$0.00                                     |
|   |                 |                        |                 | SUBTOTAL:                                    | \$834.00                                   |
|   |                 |                        |                 | Reduction by 50% for filing by small entity: | \$417.00                                   |
|   |                 |                        |                 | <b>TOTAL FEE:</b>                            | <b>\$417.00</b>                            |

6. A check in the amount of **\$417.00** is enclosed.
7. The Commissioner is hereby authorized to credit overpayments or charge any additional fees to Deposit Account No. 50-0311, Ref. No. 26448-505 CON.
8. A return receipt postcard is enclosed.

Respectfully submitted,

*Matthew Pavon* Reg No. 50,572  
by: Ivor R. Elrifi, Reg. No. 39,529  
Matthew J. Golden, Reg. No. 35,161  
Attorneys for Applicants  
MINTZ, LEVIN, COHN, FERRIS,  
GLOVSKY and POPEO, P.C.  
One Financial Center  
Boston, Massachusetts 02111  
Tel: (617) 542-6000  
Fax: (617) 542-2241  
**Customer Number 30623**

Dated: August 21, 2003